

Lincoln Police Department
Thomas K. Casady, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492



lincoln.ne.gov

August 9, 2007

Mayor Beutler and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Peacock Indian Cuisine, 2801 Pine Lake Road requesting a class I liquor license.

Charice Gibson has requested that she be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Charice Gibson was born in Lincoln Nebraska. She attended Northeast High School.

Charice Gibson employment history is as follows:

Present	Waitress, Shoemakers	Lincoln, NE.
2006 - 2007	Waitress, Randy's Grill & Chill	Lincoln, NE.
2005 - 2006	Cashier, Petro Sport	Lincoln, NE.
2004 - 2005	Cashier, Kabredlo's	Lincoln, NE.
2003	Cashier, Popeye's	Lincoln, NE.

Stockholder information has been included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



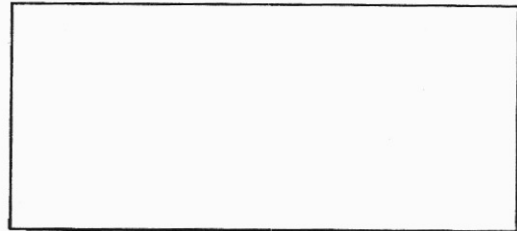
A nationally accredited law enforcement agency



If this application is approved, it should be with the understanding that it conforms to all the

APPLICATION FOR LIQUOR LICENSE

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov



OFFICE USE ONLY

CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES

CHECK DESIRED CLASS(S)

RETAIL LICENSE(S)

- | | | | |
|-------------------------------------|---|---|---------|
| <input type="checkbox"/> | A | Beer, On Sale Only | \$45.00 |
| <input type="checkbox"/> | B | Beer, Off Sale Only | \$45.00 |
| <input type="checkbox"/> | C | Beer, Wine & Distilled Spirits, On & Off Sale | \$45.00 |
| <input type="checkbox"/> | D | Beer, Wine & Distilled Spirits, Off Sale Only | \$45.00 |
| <input checked="" type="checkbox"/> | I | Beer, Wine & Distilled Spirits, On Sale Only | \$45.00 |

Class K Catering license may be added to any of these classes with an additional fee of \$100.00 and filing form 35-4202

MISCELLANEOUS

- | | | | Bond |
|--------------------------|---|--|----------------------|
| <input type="checkbox"/> | L | Craft Brewery (Brew Pub) | \$295.00 1,000 min. |
| <input type="checkbox"/> | O | Boat | \$ 95.00 N/A |
| <input type="checkbox"/> | V | Manufacturer, Beer, Wine & Distilled Spirits
(additional fee of \$100 to \$1,000-call for exact amount) | \$ 45.00 10,000 min. |
| <input type="checkbox"/> | W | Wholesale Beer | \$545.00 5,000 min. |
| <input type="checkbox"/> | X | Wholesale Liquor | \$795.00 5,000 min. |
| <input type="checkbox"/> | Y | Farm Winery | \$295.00 1,000 min. |

All Class C licenses expire October 31st

All other licenses expire April 30th

Catering expire same as underlying retail license

TYPE OF APPLICATION BEING APPLIED FOR (CHECK ONE)

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> | Individual License, requires insert form 1 |
| <input type="checkbox"/> | Partnership License, requires insert form 2 |
| <input checked="" type="checkbox"/> | Corporate License, requires insert form 3a and manager application 3b |

NAME OF PERSON OR FIRM ASSISTING WITH APPLICATION

(Commission will call this person with any questions we may have)

Name: Darrell K. Stock

Phone: 402-476-3345

Firm Name: Snyder & Stock

Firm address: 1115 K St., Suite 104, Lincoln, NE 68508

PREMISE INFORMATIONTrade Name (doing business as) THE PEACOCK INDIAN CUISINEStreet Address #1 SOUTH RIDGE VILLAGE, 2801 PINE LAKE ROAD, SUITE W

Street Address #2 _____

City LINCOLNCounty LANCASTERZip Code 68512Telephone number at premise to be licensed (402) 310-6183Is this location inside the city/village corporate limits: ☒ YES☐ NO

Mail to Address (where you want receipt of Liquor Control Commission mailings)

Name: SAMUEL RAJAKUMARStreet Address #1 5224 S BENNINGTON PL

Street Address #2 _____

City LINCOLNCounty LANCASTERZip Code 68516**DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED**

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations . No blue prints please. Be sure to indicate the direction north and number of floors of the building.

ATTACHED

APPLICANT INFORMATION

1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

- ☐ Yes If yes, please explain below or attach a separate page.
☒ No

2. Are you buying the business and/or assets of a licensee? If yes, submit a copy of the sales agreement with a listing of assets being acquired including liquor inventory (name brand and container size required). Liquor Inventory may be taken at time of application being submitted.

- ☐ Yes
Current business name and license number _____
☒ No

3. Are you filing a temporary agency agreement, Commission form 4231, whereby current licensee allows you to operate on their license. If yes, attach agreement. **Please note:** This agreement is not effective until Commissions assigns you a 3-digit ID number.

- ☐ Yes
☒ No

4. Are you borrowing any money from any source to establish and/or operate the business? If yes, list the lender.

- ☒ Yes US BANK
☐ No

5. Will any person or entity other than applicant be entitled to a share of the profits of this business? If yes, explain. All involved members must be disclosed on application.
- ☐ Yes _____
- ☒ No
-
6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others? If yes, list such items and the owner.
- ☐ Yes
- ☒ No
-
7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business? If yes, explain? (No silent partners)
- ☐ Yes
- ☒ No
-
8. Are the premises to be licensed within 150 ft of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 ft of a college or university campus? If yes, list the name of such institution and where it is located in relation to the premises. Neb. Rev. Stat. 53-177.
- ☐ Yes
- ☒ No
-
9. Is anyone listed on this application a law enforcement officer? If yes, list the person, the law enforcement agency involved and the person's exact duties.
- ☐ Yes
- ☒ No
-
10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the individual(s) who will be authorized to write checks and/or make withdrawals on accounts at the institutions.
- US BANK, 2525 PINE LAKE ROAD, LINCOLN, NE 68512
SAMUEL RAJAKUMAR
-
11. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reasons for termination of any licenses previously held.
- NONE & NOT APPLICABLE
-

12. List the person who will be the on site supervisor of the business and the estimated number of hours per week such person or manager will be on the premises supervising operations.

CHARICE JANEE GIBSON, MANAGER, 40 TO 50 HOURS PER WEEK

13. List the training or experience (when and where) of the person listed in #12 above in connection with selling and/or serving alcohol products.

WORKED AT RANDY'S GRILL & CHILL AND CURRENTLY WORKING AT SHOEMAKERS TRUCK STATION INC IN CONNECTION WITH SELLING/SERVING ALCOHOL PRODUCTS

14. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.

☒ Lease: expiration date May 8, 2012

☐ Deed

☐ Purchase Agreement

15. When do you intend to open for business? AUGUST 15 2007

16. What will be the main nature of business? What are the anticipated hours of operation?

INDIAN RESTAURANT- 11AM TO 10 PM

17. List the principal residence(s) for the past 10 years for all persons required to sign application, including spouses. If necessary attach a separate sheet.

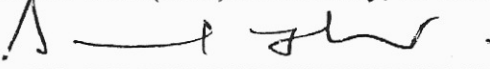
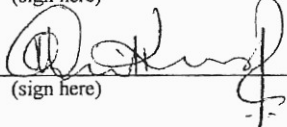
Applicant Name	From: Year	To: Year	City/State
SAMUEL RAJAKUMAR	2004	2007	LINCOLN, NE
	2001	2004	NEW IBERIA, LA
	2000	2001	DALLAS, TX
	1998	2001	NEW DELHI, INDIA
	1997	1998	DALLAS, TX
MODESTA ANIL RANI PUTLA	2004	2007	LINCOLN, NE
2000 TO 2001 DALLAS, TX & 1997 TO 2000 NEW DELHI, INDIA	2001	2004	NEW IBERIA, A

The undersigned applicant(s) hereby consent(s) to a background investigation and release present & future records of every kind and description including police records, tax records (State and Federal), bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance

of the application investigation or any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules, regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

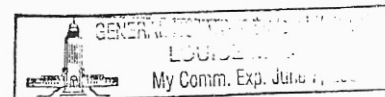
Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock) and spouses. Full (birth) names only, no initials.

	
(sign here)	(sign here)
	
(sign here)	(sign here)
(sign here)	(sign here)
(sign here)	(sign here)
(sign here)	(sign here)

Subscribed in my presence and sworn to before me this

26 day of June, 2005

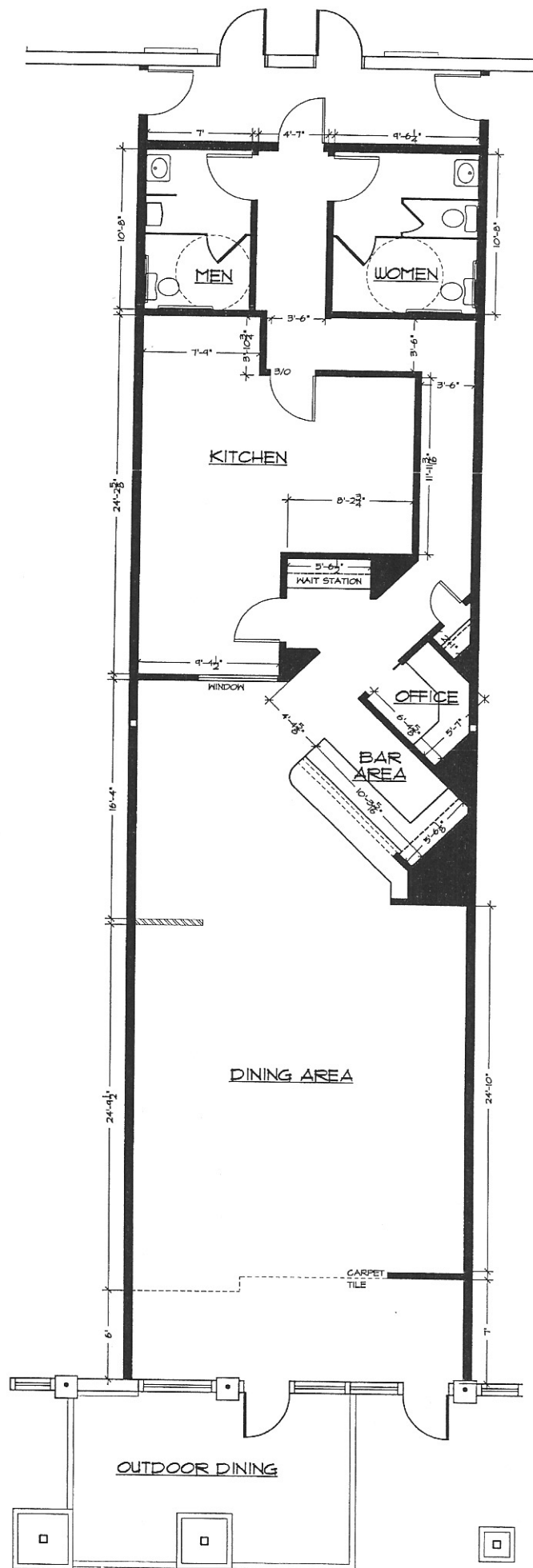

Notary Public Signature & Seal



In compliance with the ADA, this application for license form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

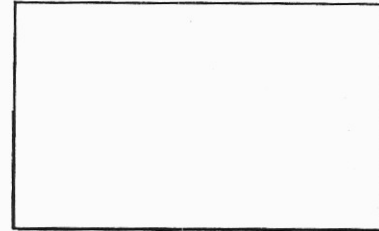
FORM 35-4010
REV. 4/05

Subscribed in my presence and sworn to before me this



**APPLICATION FOR LIQUOR LICENSE
CORPORATION/LLC INSERT - FORM 3a**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: <http://www.lcc.ne.gov/>



Name of Corporation or Limited Liability Company that will hold license. Attach copy of Articles of Incorporation. (Document must show [barcode] receipt by Secretary of States Office.

The Peacock Indian Cuisine, Inc.

Corporate Street Address: South Ridge Village, 2801 Pine Lake Rd., Suite W

City: Lincoln State: NE Zip Code: 68512

Corporate Telephone Number 402-310-6183

Total number of shares issued (if corporation) 1,000

Is this a Non Profit Corporation? ☐ YES ☒ NO

If yes, what is your Federal ID #? _____

Name of Registered Agent Samuel Rajakumar

Name of Proposed Manager Charice Janee Gibson

This person must complete form 35-4013

List name of Chief Executive Officer _____

Last Name: Rajakumar First Name: Samuel MI

Address Street 5224 Bennington PL City Lincoln

State NE Zip Code 68516 Home Phone number 402-420-0367

Social Security Number Date of Birth

Address Street 5224 Bennington PL City Lincoln

Last Name PUTLA First Name MODESTA

Title VICE PRESIDENT - Director	Number of Shares 500
---------------------------------	----------------------

Spouse Social Security Number _____ Date of Birth _____

Title	PRESIDENT - Director	Number of Shares	500
-------	----------------------	------------------	-----

Last Name _____ First Name _____

Social Security Number _____ Date of Birth _____

Title	Number of Shares
-------	------------------

Spouse Name (indicate N/A if single)

Spouse Social Security Number _____ Date of Birth _____

Title	Number of Shares
-------	------------------

Last Name First Name

Social Security Number _____ Date of Birth _____

Title	Number of Shares
-------	------------------

Spouse Name (indicate N/A if single) _____

Spouse Social Security Number _____ Date of Birth _____

Title	Number of Shares
-------	------------------

Is this Corporation or Limited Liability Company controlled by another Corporation?

☐ Yes ☒ No

If yes, give name of corporation and supply organizational chart

Indicate tax year with the IRS

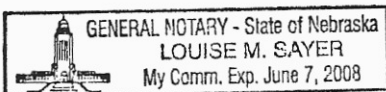
Starting Date Jan 1 Ending Date Dec 31

[Handwritten Signature]

Signature of President/Managing Member

[Handwritten Signature]

Notary Public Signature & Seal

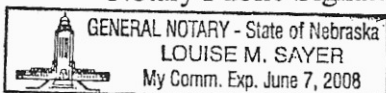


Subscribed in my presence and sworn to before me this

26 day of June, 2007

[Handwritten Signature]

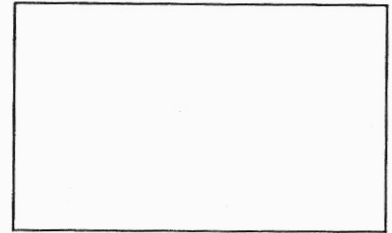
Notary Public Signature & Seal



In compliance with the ADA, this application for license form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

**APPLICATION FOR LIQUOR LICENSE
CORPORATION MANAGER - FORM 3b
*MUST BE A NEBRASKA RESIDENT***

301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: <http://www.lcc.ne.gov/>



LIQUOR LICENSE INFORMATION

NAME OF LICENSED CORPORATION The Peacock Indian Cuisine, Inc.

CLASS & LICENSE NUMBER pending

TRADE NAME _____

STREET ADDRESS South Ridge Village, 2801 Pine Lake Rd. #W CITY Lincoln

SIGNATURE OF CORPORATION PRESIDENT/CEO

APPLICANT INFORMATION (MUST BE 21 OR OVER AND NEBRASKA RESIDENT)

NAME Charice Janee Gibson

ADDRESS 2130 W Q Street, #23

CITY Lincoln

STATE NE

ZIP CODE 68528

HOME PHONE NUMBER (402) 601-4744

BUSINESS PHONE NUMBER (402) 474-1771

SEX ☐ MALE ☒ FEMALE

SOCIAL SECURITY NUMBER _____

DATE OF BIRTH _____

PLACE OF BIRTH _____

DRIVERS LICENSE NUMBER & STATE _____

SPOUSES INFORMATION (IF NOT MARRIED INDICATE)

SPOUSE NAME (Not Married)

SOCIAL SECURITY NUMBER _____

DATE OF BIRTH _____

DRIVERS LICENSE NUMBER & STATE _____

1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☐ YES ☒ NO

If yes, please explain below or attach a separate page.

2. Have you or your spouse ever made application for any liquor license or manager for any liquor license? **IF YES**, for what premise give license number and date.

☐ YES ☒ NO

3. Have you or your spouse ever made a compromise settlement for violation of such laws?

☐ YES ☒ NO

4. Do you, as a manager, have all the qualifications required by any person entitled to hold a Nebraska Liquor License?
Nebraska Liquor Control Act (§53-131.01)

☒ YES ☐ NO

5. Have you filed fingerprint cards and **PROPER FEES** (if check, make out to the NE State Patrol), with this application?

☒ YES ☐ NO

RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE

APPLICANT: CITY & STATE	YEAR		SPOUSE: CITY & STATE	YEAR	
	FROM	TO		FROM	TO
LINCOLN, NE	1983	2007			

EMPLOYERS - LIST LAST TWO EMPLOYERS

MONTH/YEAR FROM TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
1-8-07 Present	SHOEMAKERS TRUCK STATION INC	TREASURE SMILEY	(402) 474-1775
8-29-06 12-31-06	RANDY'S GRILL & CHILL	RANDY	(402) 432-9949

**PERSONAL OATH AND CONSENT OF INVESTIGATION
MUST BE SIGNED BY APPLICANT & SPOUSE**

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application, that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec. §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has **NO** interest directly or indirectly, an affidavit of non participation may be attached.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.



Signature of Applicant

Signature of Spouse

Subscribed in my presence and sworn to before me this 26th
day of June 2007.

Subscribed in my presence and sworn to before me this _____
day of _____.



Notary Signature & Seal

Notary Signature & Seal

